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An

Inaugural Dissertation

on

Dysentery

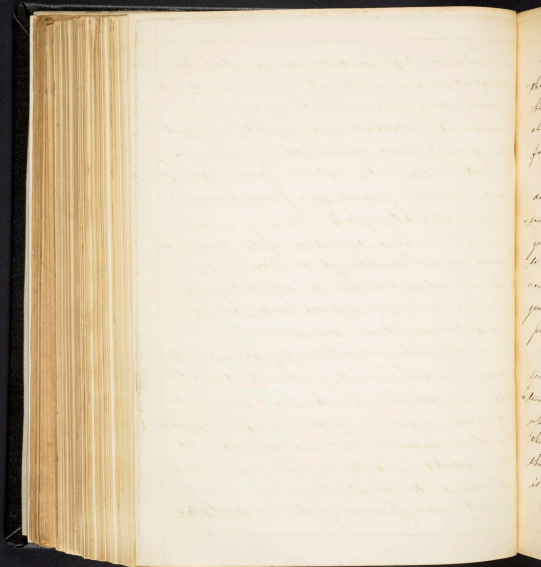
For the Degree of Doctor
of Medicine in the University
of Pennsylvania by
George Huber, M.D. 1828

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"Dysentery is a disease in which the patient has frequent stools accompanied with severe pain, and followed by tenesmus."

The stools though frequent, are small in quantity, and consist chiefly of mucus mixed with blood; natural faeces seldom appear and when they do are in a hardened compact form, called *Shyala*."

The above definition of the disease, as given by Cullen, conveys as clear an idea of its character perhaps, as any that can be formed, when it appears under its ordinary symptoms; but in some cases, it is so violent, that notwithstanding the patient may have an almost continual disposition to evacuate his bowels, he is unable to discharge any thing from them; the inflammation in these cases having transcended the point of secretion, so the spasm of the bowels is too rigid to permit their evacuation from pouring out their contents.



Cause. — Dysentery was at one time thought to arise exclusively from contagion; but that opinion is now pretty generally abandoned, and its remote cause is sought for among those of our natural food.

The exciting causes are exposure to cold, damp clothes, great bodily fatigue, immoderate & some undigestible food, sleeping on the ground, or in damp rooms, and in short to all those causes which excite fevers — common to the season in which Dysentery generally prevails, will in certain habits, produce the latter disease.

Dysentery is always attended with fever, — and this may be either intermittent, remittent, or continued, depending upon the violence of the remote cause, the degree upon of the susceptibility of the patient, and the length of time he is exposed to its action.

If the fever be of the continued type,

its grade will be either inflammatory, or typhus
and upon which one of these states of excite-
ment it depends, its contagious or non-
contagious nature depends.

In the common form of this disease
the patient is troubled for some days -
sensitive to the attacks with flatulency and
constipation of the bowels, and when these
symptoms which more particularly characterize
it, are about to appear, he experiences
alternate sensations of cold and heat; nausea,
and vomiting frequently ensue, and these are
soon followed by pain and griping of the
bowels, with an inclination to go to stool,

Sometimes, however termino, bloody stools,
and tenderness on the first symptoms that
appear.

The inflammatory nature of this complaint
has been fully established by dissections,
and from the nature, with which it is
generally ushered in, the stomach, &c. &c.

would appear to be the organ in which the primary irritation is seated, from whence it is extended to the large intestines, where its force is ultimately expended, as has been already stated, the fever attendant upon this disease may assume any type, from an intermittent, to a continued form and by far its most common character is inflammatory, in the treatment of which, we have three leading indications to fulfill.

First, to subdue inflammation and spasm;
Second, to remove irritation and allay irritability
and Thirdly, to restore the healthy condition of the skin, which is in the early stages hot and dry.

To answer the first indication the Laxative is decidedly the best remedy; it not only lessens the inflammation, but it relaxes the spasm of the intestines which before existed, and occasioning great

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pain in them, which prevents their free evacuation.

But to gain that object effectually, it must not be used with a sparing hand, on the contrary, the blood must be allowed to flow, untill there is a mitigation of the pain, and soreness of the abdomen, as a reduction of the volume and tension of the pulse, or a disposition to syncope is manifested, when it will be proper to remove the ligature from the arm, and proceed to the evacuations of the abdominal canal.

If much haemorrhoea should be present, the first medicines we should have recourse to, for this purpose, must be Emetics, and of these the Ipecacuanha is to be preferred,

This substance not only evacuates the stomach of its vitiated contents, but by its tonic and antispasmodic properties,

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it enables that organ to retain the pur-
gatives, which should follow its operation,
and assist them in opening the bowels,
whilst like every other article of its
class, it excites the skin to the performance
of its healthy functions, and thus lessens
the violence of disease action in the
intestines.

After the operation of the Emetic had
ceased, the stomach is sufficiently composed,
the exhibition of Purgatives, should commence,
and of these there are some decidedly more
efficacious than others.

The experiments of Dr. Johnson, while
in the East Indies, when he had an oppor-
tunity of testing the different methods of
treating this dreadful complaint, resulted
in his entire preference of large doses of
Calomel, combined with Opium over every
other plan; and the experience of others,
since his time, in the East, and West =

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= Indeed, in Europe, and in America, has fully confirmed the correctness of his pathological views of this disease, and the superiority of his plan of treating it.

It was formerly the custom to trust almost exclusively to Castor Oil, the Neutral Salts, and Opium for the cure of Dysentery, means wholly insufficient to the end.

Without making, therefore any further use of them, than merely to quicken the action of other more effectual Cathartics, we commence the purgative treatment: by administering twenty grains of Calomel, with, or without, the addition of the Opium, according to the degree of pain the patient experiences, and repeat it, every six hours, untill natural stools, or faeces are obtained, and then keep the bowels in a soluble state by, means of Castor Oil, Opium Salt, or, Magnesia, in

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doses sufficiently large, and often repeated
to produce that effect.

Calomel given in the doses we have
mentioned is the mildest and most
certain purgative we possess.

Its operation as a cathartic is slow;
but the relief it affords from tormina,
and tenesmus is prompt and decisive.

It is rarely necessary to give more
than a second dose of the medicine to
procure fecal evacuations, and these
discharges accompanied as they generally
are with large ~~modest~~ quantities of bilia-
=lized intestinal mucous, and black-
viscid bile, produce the most soothing
and comfortable feeling to the patient.

His pulse becomes less frequent and
tense; it is full, round and soft, a
moristone breaks out upon the skin, and
he falls into gentle, refreshing slumbers,
which frequently continue so long as two

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before he is again urged to the stool.

The action that has been excited in his bowels by the Calomel, and the Spue it has given to the circulation through the Liver, must now be kept up by those means before mentioned, viz, Castor Oil, Opium Salts, &c. = Magnesia, untill the discharges assume a more healthy appearance when we may abandon the use of purgatives, unless symptoms should again indicate their necessity, and resort to Diaphoretics; among these the common prescription of Spicaeanada, Calomel, and Opium in the following proportions answers extremely well,

Rx. Calomel ꝑss: grs ii.

Ordo: Spicae:

℞ Gum Opii: āā grs viij.

Mft. pulv: doz viij, or one to be taken every six hours, in a small quantity of Molasses.

This prescription in general is sufficiently

active as a Diaphoretic, and while the
Opium calms the irritability of the bowels, the
Calomel, and Spessacuanha, restores the
Liver, and bowels, to a healthy state of
secretory action, and procures in six to ten
copious and consistent alvine discharges
in the twenty four hours, to the manifest
improvement of the strength and spirits of
the patient.

When the skin is unusually purple, we
may substitute the Dover Powder with the
addition of two grains of Calomel to each
dose, and allow the patient a free use of
warm barley water, or any other mild diluent
drink he may choose.

It not infrequently happens that the
patient is very much troubled with spasms
of the bowels and tenesmus, even after the
discharges have become of comparative healthy
appearance.

The skin in this case is always dry -

My dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the
affairs of the Bank of the Commonwealth, and in reply to inform you that the same
has been forwarded to the proper authorities for their consideration. I am, Sir,
very respectfully,
Your obedient servant,
J. M. Smith

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and of a peculiar 'hotty, full' temperature is somewhat above the healthy range, he is very thirsty, gets but little sleep, is unfreshed, irritable and desponding, the circulation here is evidently confined to the great vessels, and locked up in the fastnet of the abdominal viscera.

In addition to our internal diaphoretics, we must now make use of, some warm frictions, the warm bath, and if the abdomen is tender to the pressure of the fingers open it. Leeches and Blisters must be applied and at this juncture the diaphoretic should be omitted, and a scruple of calomel again exhibited, to be carried off, in eight hours, with an ounce of Castor oil.

This combination of active measures will rarely fail so to equalize the circulation and the excitability as to leave very little further to be attended to except the regulation of the patients diet, which should

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be most carefully directed, by, the physician
and closely adhered to by the patient.

The articles most proper for him to make
use of at this time, are Arrowroot, well boiled
Tapioca or Sago, Mucilage of Gum Arabic,
a decoction of the bark of the Slippery
Elm, Chickn Water, or beef tea, Mutton broth
and soft boiled eggs.

If the application of a blister to the
abdomen has been necessary, a flannel roller
bound moderately tight, as soon as the blister
is sufficiently well to admit of it, should
be passed from the hips to the arm pits, and
secured with pins, and shoulder straps.

This bandage affords, as with one of the
most efficient means we possess of keeping up
the action of the cutaneous vessels, and by
doing it we secure the patient from a relapse
which is so much to be dreaded in all severe
bowel complaints.

It should therefore be worn until the

health of the individual is perfectly ~~restored~~
lished.

After the violence and danger of Dysentery,
have in a great measure been subdued, the
patient is not infrequently much harassed
with tenesmus.

For the relief of this symptom a variety
of local means have been employed, and
appear in some cases to afford considerable
relief.

Those most commonly used are injections
of different kinds, such as starch and Leadaceum,
Lindseed tea, Malted Lard, or butter free from
Salt and rancidity, Mutton broth &c.

But as far as my experience has extended
the irritability of the rectum, is so great,
that they are all expelled too soon to be
of much service, and I believe that greater
benefit will be found to result, from a
suppository of opium, containing three or
four grains rolled in the form of a cone =

and introduced upon the point of the finger
just within the Sphincter ani, than from
any other application, we can make, for
the relief of tenesmus.

It possesses the advantage of being so
small, that the rectum is hardly (if I
may use the term) conscious of its presence
and will therefore allow it to remain —
without making an effort to remove ~~the~~
it, and all the good effects of an Anodyne
injection will be obtained,

But after all, permanent freedom
from this distressing symptom can only be
obtained by preventing the accumulation of
faeces, and irritated secretions in the bowels,
by the use of proper laxatives, and diet.

With regard to the use of tonics during
convalescence from an attack of ordinary,
Dysentery (which is the only kind I have yet
considered as proper at this time to investigate)
I believe that the best of them is to be —

found in carriage gestation; exercise in the open
air, and a bottle of good old Port Wine,

Should the disease put on the Intermittent char-
acter, then the quinine, and other articles used
in the treatment of that state of fever will
be indispensable.

I have now detailed what I
consider the best means of treating dysentery,
as it usually occurs in this section of
the United States.

It would be very easy for me to
increase the number of articles, by adding
those ^{which} ~~never~~ heretofore in use, and which
still continue to be used by certain
practitioners; but I am not aware that
I should by so doing, add anything to
the efficient force, that we are capable
of bringing into the field against this
enemy to human life; and to increase
the number of pages in every essay, by
lengthening the catalogue of remedies —

Handwritten text in cursive script, likely a letter or journal entry. The text is written on aged, slightly discolored paper. The handwriting is fluid and characteristic of the 18th or 19th century. The text is arranged in approximately 20 lines, with some lines being more prominent than others. The overall tone of the writing appears to be formal or semi-formal.

without at all increasing our power over
the disease, but merely adding useless
pages of prescriptions, would be an
unnecessary waste of my time and
attention upon your patience; relying
therefore upon your generosity, I have
merely selected from the different plans
of treating dysentery, the one that I have
seen most effectual, and exhibited to
you the outlines of one which I shall
pursue in my own practice whenever
called upon to oppose this opprobrious foe.

Medical Professors and } With every sen-
Trustees of the University } timent of respect
of Pennsylvania; } I am gentlemen,
your obedient humble
servant,
George Shulze

